



City of Tempe — Parks and Recreation
Fall 2004



ADULT FLAG FOOTBALL LEAGUE REGISTRATION FORM

TEAM NAME _____

MANAGER/COACH _____

ADDRESS _____ CITY _____ ZIP _____

HOME PHONE () _____ OFFICE/CELL PHONE () _____

E-MAIL ADDRESS _____ FAX # _____

ASSISTANT COACH _____

ADDRESS _____ CITY _____ ZIP _____

HOME PHONE () _____ OFFICE/CELL PHONE () _____

E-MAIL ADDRESS _____ FAX # _____

Teams with previous Tempe experience answer the following:

Team Name _____ Record _____ Year _____

Team Name _____ Record _____ Year _____

Give a brief description of you team's ability, ages of players, and previous football background:

Teams must be prepared to play on Tuesdays.

Do Not Write Below This Line

ENTRY FEE: _____ PAID BY: _____

IF REFUNDED, RETURNED TO: _____

Fall 2004 ADULT FLAG FOOTBALL
OFFICIAL TEAM ROSTER
(Please Print)

Team Name: _____

	Name	Address	City	Zip	Hm Ph ()
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____
9.	_____	_____	_____	_____	_____
10.	_____	_____	_____	_____	_____
11.	_____	_____	_____	_____	_____
12.	_____	_____	_____	_____	_____
13.	_____	_____	_____	_____	_____
14.	_____	_____	_____	_____	_____
15.	_____	_____	_____	_____	_____
16.	_____	_____	_____	_____	_____

Roster must be filled out completely with the street address, city, zip, and phone numbers of each player. Rosters that do not contain complete address and phone numbers of players will not be considered for league entry. ROSTERS WILL BE CHECKED FOR VALIDITY. As coach or manager of your team please sign your name below which verifies that the names and phone numbers and addresses of your players are accurate and true.

Coach's Signature

Date